THE HAMPDEN HIPPOCRAT

The Hampden District Medical Society Newsletter

SPRING/SUMMER 2001 VOLUME 5

President's message:

Dear Colleagues,

As we end another event filled year, it is my pleasure to share with you some of my thoughts. First of all I would like to recognize my wife Sarada, my better half, for her patience and love. Without her support this endeavor could not be undertaken.

I would like to give a heartfelt thanks to my partners Drs. Stanley Glasser & T.K.Raman who were most willing and helpful during the last year. I am ever so grateful to our Executive Director, Suzanne Skibinski with her able assistant Rosanna; she kept the district affairs flowing in an orderly manner.

Your Delegates represented you well at the MMS House of Delegates in a prudent and responsible manner. The Executive Board met almost monthly on your behalf to advise and consent on policy matters and extraordinary operational issues.

Please help me thank the Executive Board members, whose deliberations and advice were most helpful. These representatives of yours worked tirelessly to promote your interests and the patient's interests and they deserve our appreciation. Our membership roster is steady at about 735. Whereas I am pleased with the stability, we still have a large number of nonmembers in the Hampden District. I hope all of you would be able to recruit by spreading the message "United we stand, divided we fall."

At the Fall District Meeting, Dr. Charlie Welch gave the Massachusetts Medical Society's, Keynote Address and Dr. Scott Reubin and Frank Lombardo spoke on "Organizational Barriers to Effective Pain Management" and "DEA Presentation & Perspective." The District awarded Dr. Francis Riley the 1st Annual "Dr. Oliver Wendell Holmes Stethoscope" Award and recognized, Dr. Alonzo Sheffield for receiving the Massachusetts Medical Society's "Senior Volunteer Physician of the Year" Award and Dr. Robert Kasper for receiving the "The Henry Bowditch Award for Excellence in Public Health".

The "Sixteenth Annual Medical Ethics Seminar" was held on October 25, 2001 and again attracted a large attendance of 171. The Winter Meeting at the Sheraton was a great success with Dr. Richard Corlin, A.M.A's President-elect, delivering the keynote address. The topic was "Health Insurance for all Americans". Attendees thoroughly enjoyed the presentation of Dr. Corlin. Dr. John McHugh was selected to receive the 2001 "Senior Volunteer Physician of the Year Award". Also at this meeting the annual dues were rolled back to $200.00 for regular members (from $220.00).

The "Patients' Bill of Rights" was the focus of our 8th Annual Medical Legal Meeting held at the Delaney House. Congressmen Richard Neal and John Olver along with Massachusetts Senate Minority Leader Brian Lees were speakers in addition to other panelists. The Medical Legal committee under the joint chairmanship of Attorney John Bagley, and Dr. Mark Mullan deserves congratulations. Of course Suzanne's persistence is much appreciated.

The "High School Doctor for a Day" program was a huge success with 29 physicians and 31 students participating.

Please read the student and member letters in this newsletter. During the "Senior Writing Workshop", nine senior members met at the District's office to write their life stories and to renew old friendships.

"Super Soapy", the MMS hand-washing mascot, once again revisited area schools and also made a special appearance at the "Springfield Health & Human Services Community Baby Shower" on May 12, 2001.

The District Alliance was reactivated this past year. A Holiday Party was held in December and gifts were distributed to a Women's Shelter in Holyoke. On April 27, 2001, Mrs. Joan Asinas hosted a business luncheon for 12 District Alliance members. Beverly George, President of the MMS, Alliance and Nancy Ghareeb, president-elect also attended the luncheon. Please encourage your spouses to join.

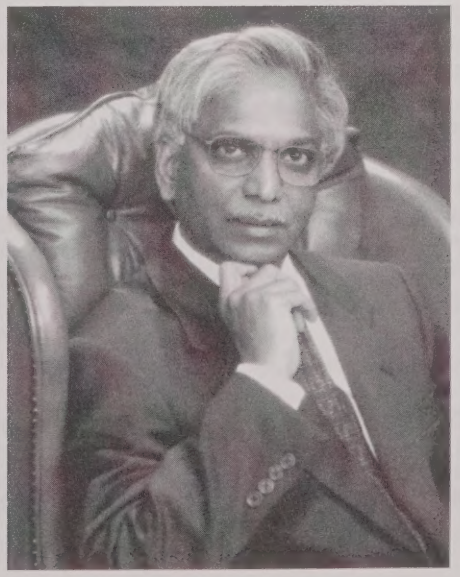
Forty members got a chance to sit with local Legislators at the Legislative Breakfast held on May 5, 2000. The Legislative Bills that were discussed are Managed Care Reform, An Act to Streamline the Physician Credentialing Process and An Act Protecting the Privacy of Medical Records.

The *Institute of Medicine's* report regarding medical errors in the Hospital is on the public's agenda. In the near future we can expect additional regulatory oversight. If this is accomplished in a non-punitive and confidential manner, this effort may indeed help improve patient safety and that is our goal as well.

Our medical students need our help. The average debt burden of a resident is approximately $95,000 dollars according to the A.M.A. HDMS is in the middle of a major fund raising campaign to help medical students in a small way. I want to thank the members who have contributed thus far and ask those of you have not done so to please contribute generously to the Hampden District Medical Society's scholarship fund so that we may continue this long tradition of awarding scholarships to deserving students.

Members, it is an honor representing you, as your President and with much satisfaction, I leave the office of the President in the able hands of Dr. James Wang.

K.V.R. Mohan Rao, M.D.
President, Hampden District Medical Society
2000-2001



HDMS Sponsored Activities

Executive Board Meeting
Wednesday, September 5, 2001, 6:30 p.m.

Committee on Public Health
Tuesday, September 11, 2001, Noon

HDMS Fall District Meeting
Tuesday, September 25, 2001, 6:30 p.m.
The Log Cabin Banquet and Meeting House
"Creating a Culture of Service Excellence"

Seventeenth Annual Medical Ethics Seminar
Monday, October 22, 2001, Mercy Medical Center
"Pain Management, An Integrated Approach"

****

Suzanne Skibinski, *Executive Director*
Rosanna Czermak, *Administrative Assistant*

OFFICERS:
K.V.R. Mohan Rao, *President*
James K. Wang, *President-Elect*
Dennis S. Gordan, *Vice President*
Heather Z. Sankey, *Secretary*
Stephen A. Metz, *Treasurer*
Julia Gates, *Assistant Secretary*

EXECUTIVE OFFICERS:
K.V.R. Mohan Rao
Dennis S. Gordan
Heather Sankey
Richard P. Anderson
Zubeena Mateen
Alicia O.M. Ross
Jeffrey C. Wint
John R.S. Remsberg
James K. Wang
Stephen A. Metz
Julia Gates
Matthew B. Mandel
Mark J. Mullan
Claudia L. Koppelman
James Solomon

CHAIRPERSON OF COMMITTEES:
John R.S. Remsberg, Stephen V. Klein, *Auditing*
Mark M. Sherman, *By-Laws*
Philip B. Stoddard, *Nominating*
Robert V. Chircop, *Membership*
Francis J. Riley, *Public Health*
Mark J. Mullan, *Medico-Legal Affairs*
Stephen A. Metz, *Legislative*
Winthrop Whitcomb, *Medico-Religious Affair*
Bernard Bloom, *Scholarship*
Dennis S. Gordan, *Tax Supported Medical Care*

DELEGATES:
Richard P. Anderson
Augusto G. Asinas
H. Douglas Barnshaw
Maura Jo Brennan
Julia Gates
Daniel P. George
Dennis S. Gordan
Peter S. Greene
Stephen V. Hall
Samuel Hellerman
Jeffrey L Kaufman
Claudia L. Koppelman
Martin Lesser
Glen R. Markenson
Zubeena M. Mateen
Stephen A Metz
Teresa K. Mitchell
Mark J. Mullan
Kollegal S. Murthy
Francis J. Riley
Alicia O.M. Ross
James Solomon
Philip B Stoddard
Jill L. Studley
Walter F. Tauber
James F. Wang
Jeffrey C. Wint

EX-OFFICIO:
James J. Siragusa, Jr.
K.V.R. Mohan Rao
Heather Z. Sankey

HIPPOCRAT NEWSLETTER EDITOR: K.V.R. Mohan Rao, M.D.

LETTERS POLICY

Letters to the editor should be approximately 250 words or less, preferably typed in Word and on a disk. Please provide the full name and address of the writer along with a signature for verification. The paper copy of the letter must be enclosed. All letters are subject to editing.
Please **mail** them to:

The Hampden Hippocrat
1111 Elm Street, Suite 22
West Springfield, MA 01089
Or **e-mail** to: **Hampden@massmed.org**
Fax: 413-731-8990

The "Hampden Hippocrat Newsletter" is the news organ of the Hampden District Medical Society and would like to become the forum for sharing information and opinions amongst the members, for whom it is being created. Any article printed expresses the opinion of the author and should not be construed to imply endorsement by the HDMS.

President's Comment:

Thank you very much indeed for the HDMS and MMS, 2001 Community Clinician of the Year award presented to me at the Annual meeting and to my partner Dr. Glasser for his kind words. It was a very humbling experience receiving this award in the presence of so many of our esteemed colleagues. I also want to thank HDMS for the beautiful chair laser engraved with HDMS insignia. It is proudly displayed in my home and I will cherish it for years to come.
Sincerely, K.V.R. Mohan Rao, M.D.

AMA provides latest 2001-02-flu season news...

An estimated 84 million doses of flu vaccine will be available in the United States this year – an increase of 13 million from the 2000-01 season. Whereas the previous season's much-publicized delay caused confusion throughout the country, the AMA is working closely with the Centers for Disease Control and Prevention (CDC) and other federal agencies to ensure physicians and patients receive the most current news regarding flu vaccine production and distribution. Part of the increased awareness effort comes through the AMA's participation on the CDC's *Advisory Committee on Immunization Practices* (ACIP), which last week announced 64 percent of this season's doses will be distributed by the end of October. In 2000, only 37 percent of the vaccine were distributed by that time due to several factors including a major manufacturer stopping production. At the ACIP meeting, the AMA presented recommendations from Board of Trustees Report 36 *"Production and Distribution of the Influence Vaccine: Delays and Shortages,"* as important background in working to prevent future delays. The AMA continues to advise physicians to:

- Place their orders early to prepare for potential delays and ensure they will be able to vaccinate high-risk patients first;
- Consider being placed on manufacturers' waiting lists if told preorders no longer are being taken: and
- *Share the ACIP's recommendations* with their patients as it is the first time recommendations have been developed specifically for the public.

ATTENTION!!!

Special Notice for Retired Physicians

WRITING WORKSHOP BACK BY POPULAR DEMAND!!!

Pictured left to right: Dr. Alonzo Sheffield, Dr. Jose Pangan, Dr. Douglas Barnshaw, Robert Loesch, instructor and Dr. Samuel Potsubay.

To attend please contact:
Suzanne Skibinski, Executive Director at 413-736-0661.

Senior Life Story Workshop

A group of senior physicians from the Hampden District Chapter of the Massachusetts Medical Society have been meeting at the District office once a month since November 2000 for three-hour sessions to record their life stories. They usually meet on the second Monday of each month from 9 a.m. to 12 noon. The purpose of the sessions is for the participants to recall their life stories and write them for whatever purpose they decide on. The group is guided by Robert Loesch, a writer and a minister, who is the pastor of a congregation in South Deerfield.

Most of the participants attend the sessions for the purpose of getting some guidance in recording their experiences and their life stories for their children and grandchildren. The participants write on any subject of their own choosing. They then read their work to the group. To date, the topics they have written about have been wide ranging. They include their heritage, their parents and their ethnic origins, fragments of their biographies and life stories, their beliefs and their philosophy in life as well as their professional experiences. They do not follow any particular sequence or order. As Bob Loesch who leads the group put it, "You should think of your work as individual pearls and after you have written enough of them, you can then string them together into necklaces".

The group uses a handbook for writing life stories by Dennis Ledoux entitled "Turning Memories into Memoirs" as a very loose guide. The participants get ideas from the book and from each other and support each other in many ways. They critique each other's work and make positive suggestions. They have all said that they have learned a lot from each other and that as they listen to their fellow participant's stories, they develop a better understanding of themselves.

The participants in the workshops are Doug Barnshaw, Henry Burkhardt, Robert Bye, Walter J. Pacosa, Jose C. Pangan, Jr., Sam Potsubay, Alonzo Sheffield and Walter Tauber.

Bob Loesch leads the discussions, makes comments on the participants' work and suggests ideas on possible topics for future development.

Jose C. Pangan, Jr., M.D.

MASSACHUSETTS MEDICAL SOCIETY and HAMPDEN DISTRICT RECOGNIZE *K.V.R. Mohan Rao, M.D.* COMMUNITY CLINICIAN OF THE YEAR 2001

Dr. Stanley Glassner (left) presenting "Clinican of the Year" Award to Dr. K.V.R. Mohan Rao, President.

This award recognizes a member of the District who stands out as a leader, an advocate and a caregiver and has made significant contributions to patients and the community.

Dr. Rao has been practicing Internal Medicine in Springfield since 1979, specializing in pulmonary diseases. He has been a member of the Society since 1987 and has been active on numerous committees. He has held the office of vice president, president-elect and currently is president of the Society. As President, he has been very active in recruitment of non-members. He has appointed a retired member volunteer to go into non-member offices to speak with them about the importance of belonging to the Society as well as all the benefits the Society has to offer. In trying to make medical practice less cumbersome for physicians and patients, Dr. Rao has instituted a Hassle Factor Committee at the District level. As many of the District members are reaching retirement age, Dr. Rao was concerned that the physician needed a place to meet with his colleagues. He was instrumental in starting a Senior Writing Workshop where nine retired members meet each month not only to meet with friends but also to write their life stories. Dr. Rao has kept in touch with area Legislators, pushing for the passage of the Patients' Bill of Rights. Dr. Rao has been chosen to sit on the selection committee to elect the next Executive Vice President of the Massachusetts Medical Society.

The following are excerpts from Dr. Stanley Glasser, his colleague and friend for 20 years."He is the most dedicated, gentle, understanding and compassionate man that I have ever met and while working in a private physician's office, he delivers very high quality medical care that one would more likely see in an academic setting. Not only is he unyielding in his attempt to unveil the mysteries of the medical problems that are presented to him for his diagnostic acumen, but his treatment of his patients is exact and very specific. Despite what seems to be an academic approach, he is untiring and dedicated to his patient's follow-up care to watch the progress of their illness. As a colleague I know that I can turn the care of my patients over to Dr. Rao, when I must take leave, or vacation, and know that my patients will get the utmost care, As a friend, there's none better. He is a very caring and trustworthy individual. I am most fortunate to have Mohan as my dear friend, colleague and partner."

Dr. Rao and his wife Sarada live in Longmeadow with their two young daughters.

Hampden District congratulates, **K.V.R. Mohan Rao, M.D.** for his outstanding compassion, dedication and commitment to patients, community and the medical profession.

Dr. Glasser presented his friend the award at the Annual District Meeting on April 16, 2001

The Officers and Members of
The Hampden District Medical Society gratefully
acknowledge a contribution
from:

Yeshvant Talati, M.D.	William J. Cummings, Jr., M.D.
Jean Rose Talati, M.D.	Rocco A. Verrilli, M.D.
Jay Ungar, M.D.	Pioneer Valley Nephrology
William E. Hennessey, M.D.	Alan R. Gerstein, M.D.
John J. Flahive, M.D.	H. Douglas Barnshaw, M.D.
George Hartnell, M.D.	John P. Sullivan, M.D.
Julia Gates, M.D.	Richard J. Hicks, M.D.
Arthur A. Pava, M.D.	William W. Walthall, Jr., M.D.
Jose E. Llorens, M.D.	Gregory J. Gallivan, M.D.
Kollegal S. Murthy, M.D.	K.V.R. Mohan Rao, M.D.
Walter J. Pacosa, M.D.	Alan S. Burstein, M.D.
Raymond J. Fanelli, M.D.	Peter T. Demos, M.D.
R. Scott Cowan, M.D.	Ear Nose & Throat Associates
Sun Tien Lin, M.D.	of Springfield
Thomas L. Higgins, M.D.	Karen E. Kupfer, M.D.
Arthur M. Sher, M.D.	Mohammad S. Bajwa, M.D.
Stanley H. Konefal, Rr., M.D.	Melvin A. Cohen, M.D.
Alice A. Angelo, M.D.	Maura Jo Brennan, M.D.
C. Bruce Tallman, M.D.	Carl W. Janovsky, M.D.
Stephen V. Hall, M.D.	Murray & Glynn, P.C.
Subrata Ray, M.D.	Brian J. Laliberte, M.D.
Francis D. Horrigan	Dennis Gordan

toward the
Hampden District Medical Society Scholarship Fund

Hampden District Medical Society Welcomes Richard F. Corlin, M.D. A.M.A. President-Elect

The Springfield Sheraton was the site again this year when Dr. Richard Corlin, AMA President-Elect, addressed over 120 members of the Hampden District Medical Society at its Winter Meeting on January 25, 2001, presenting the AMA's plan for individually-owned health insurance for all Americans.

After introducing several guests, including Massachusetts Medical Society dignitaries and local representatives to state government, Dr. Mohan Rao, HDMS President, introduced Dr. Corlin, a gastroenterologist from California with an extensive history of service to the AMA. He has been chairman of many committees and was Speaker of the House of Delegates for nine years. Further, at the invitation of Dr. Louis Sullivan, Secretary of Health and Human Services, Dr. Corlin has served as a member of the advisory committee to the Director of the NIH.

Dr. Corlin addressed not only the uninsured issue, but the patient bill of rights, antitrust reform for physicians, and prescription drug benefits for seniors.

In addressing the issue of health insurance for all Americans, Dr. Corlin noted that this "...most difficult and vexing..." issue "...did not arise overnight," and "...will not be solved overnight," since "...It is not due to one factor ...alone." For that reason, his major message was that "...the way to get from where we are, down to the irreducible minimum [of uninsured], and that's probably 95% coverage in this country, because even in Canada they only have 95% coverage ... is not to try to come up with a spectacular, grand design which will be the answer to the problem, but to identify all the various segments of the problem, and, one by one by one, chip away at them as quickly as we can, so that we can get there."

In describing the AMA's proposal, Dr. Corlin noted that his favorite quote on the issue, "We have 40 million uninsured people in this country, and they are disproportionately aggregated among the rural southern and urban northern Negro community, and this is a situation we must fight to eliminate," is "...a quote from Louis T. Wright during his inaugural address, when he was being installed as President of the NAACP in 1939," and that he thinks "...61 years is long enough to wait to begin to solve this problem." Corlin said that the AMA's position is to learn from past mistakes, and work to "...have reform, not radical change," because "...There are large numbers of people, there are the majority of people in this country, who have reasonably adequate access to health care. What we don't want to do is disrupt those portions of our health care delivery system that work well. We don't want to frighten those people into opposition. That was a mistake that was made 7 years ago, when a health plan was put forth for this country that disrupted everything that was in place. What we need to recognize is that part of our health care delivery system works well; part of it doesn't work well. We need to correct the problems. We need to fill the gaps, but we need to do it without displacing those parts of our current system that do work well. We need to improve the system for those who currently have coverage through employer-based benefits, and the blueprint for that improvement is there. "What happens now with people who have insurance through their employer most of the time, is that they get a choice of 1 plan, except if you work for 1 employer, and that employer is the federal government. The federal government has the system that everybody in the country should. It's the Federal Employee Health Benefit Program. They get options..." of several different plans and "...The federal government will pay a fixed amount. The amount the federal government will pay will cover all of some of the plans. If they want plans that offer more, they have the option to add more money on their own if they want to, but the employee has the choice. That's what we need in employment in the private sector as well. The reason we need that is that even though currently the employers pay the premium in many cases, we need to take a look at the history of how did employer-based health insurance arise. It arose in 1942, when; in order to avoid the hyperinflation of wartime that usually occurs, President Roosevelt put in place wage and price controls. Nobody could get a raise during this period of time." In lieu of increased pay, unions convinced President Roosevelt to have employers pay, instead, for health insurance. Once the practice was established, it remained the norm even after removal of controls. Over the years, and with the rising costs of healthcare and the rise of managed care, employers have not only financed health insurance; they have come to exercise control over selection and ownership of the insurance policies themselves. The costs to the employers are business expenses and are deductible.

The AMA plan would restore the rights of selection and ownership to the individuals. It calls for the employers to increase the pay of their employees at the start and in a continuing fashion, by an amount that will pay for the insurance. This would shift a tax burden onto the employees, but the AMA plan calls for tax credits to offset this burden. These would be tax "Credits for the individuals, not for the companies. Now how can you do this without raising the cost for the companies? It's

relatively easy. What you do is, let us say there is a fixed dollar amount that the employer is going to pay into a fund from which the employee has as voucher to pay for health insurance. The employee can't get the money in lieu of health insurance. They can only use it for health insurance. By the employer paying extra wages instead of health insurance premiums, that's a business expense. So the employer gets the tax deducted anyway. To the worker, it's extra wages. Now those extra wages will raise the worker's taxes. The extra wages for the health insurance component (There will be federal legislation that's necessary that says that this money can be subject to federal income tax, but cannot be subject to state income tax.) You then turn around and give a tax credit to the individual for the premium they pay. So you give them taxable money on the one hand, you give them a tax credit on the other hand, it balances out to no net financial effect for the employee. Now what about those employees who are working...but are at the low end, and don't pay taxes, because their income is so small...?...We need the tax credit to be refundable, i.e., if the tax credit you get for turning in the voucher you get for buying health insurance is $1500 and you only pay $700 in, you would pay nothing in and get $800 back. The employer pays no more in taxes, because what they are contributing is a business expense. The employee, as long as they get the insurance, pays no more in taxes than now."

Dr. Corlin noted that "...61% of uninsured in the U.S. are full-time workers, and 83% are a member of a family who works, contrary to popular opinion. Current tax subsidies are misdirected, favor the wealthy — the wealthiest _ get 2/3 of tax subsidies related to health insurance, either because we're employers or we get tax-free revenue for health insurance. Not equitable. Subsidies should go to those who most need it to get insurance."

The AMA plan changes the present system, in which insurers market their plans to employers, and the employers make the choices for their employees, and in which a job change generally forces a change in plan and physician, to one where the patients obtain and own their own plans. It also avoids the unwarranted higher premium (sometimes up to 5 times what the group rate is) that individually purchased insurance now carries.

Dr. Corlin derided the notion that we now have a system where market forces cause plans that are too restrictive, or that otherwise don't meet the needs of their enrollees, to wither away, since "It's almost a monopoly..." without "...real competition. In Philadelphia, 2 plans have 94% of workers. In California 3 plans have 70%."

The AMA plan would "...create incentives to increase competition and efficiency...to get individual family's and patient's preferences, not one union's or business's preference...Individual ownership and selection are essential."

There is no dollar amount for the tax credit in the AMA proposal, Corlin said, since that is a "...subject for congressional hearings. The principle that the plan will work has to be accepted, then debate the amount for the best compromise. Simulations can be run to see financial effects."

Although the amount of the tax credit available to each individual should be "...inversely proportional to income," Corlin noted that this credit would have to be phased "...out as income goes up in an appropriate amount — phased out for the rich, not the middle class," because otherwise "...it will wind up like the catastrophic Medicare coverage that AARP (middle class elders) attacked and killed, because no benefits for the middle class, only the poor. Pragmatically, we can't allow that to happen."

Another component of the plan is the health insurance marts that "...will be co-ops that can be used by individuals who are self-employed or work for very small companies that couldn't attract the interest of large health plans that would be interested in marketing to them." Individuals would voluntarily join whichever one they wished. These co-ops would be the means of avoiding the higher premiums typically charged to individual purchasers.

That the defined contribution from the employer should be an "...amount at least enough to provide full coverage for some options, and then allow others that employees can contribute to," is a key point, since Corlin said that the AMA wants to be sure that there is enough for "...a no-cost option."

Other key element of the AMA plan are:

1) Federal pre-emption – the "extra money can't be subject to state or local income taxes."
2) This is a mechanism to expand coverage – The "credit is based on coverage, not employment. The **voucher** is credit toward premium." "The tax credit is contingent on actually buying the insurance."
3) The maximum tax credit has to be capped, too, because "...some things are wants rather than needs and don't deserve a tax credit."
4) Every person in one income slot with the same family size must have the exact same amount of tax credit given. Each member [of the family] has to get health insurance." This would apply for Medical Savings Accounts (MSA's), too.

The implementation requires that "Employers report as [employee] income what he pays for healthcare," and that "Employer report will be proof of coverage and eligibility for the tax credit." Those who are self-employed or unemployed, or who otherwise "...purchase insurance outside the employer system...will also be eligible for a tax credit," but the mechanism for this and for the "...advance pay of refundable credits to those who owe no taxes," has yet to be worked out.

Dr. Corlin noted that current subsidy by the federal government of health insurance by employer-purchased insurance leads to $80 billion in tax subsidies. Redirecting and adding $30 to $60 billion to that can provide coverage to 94% of the population. $30 to $60 billion is far less than all other reform plans, and doesn't displace anything we have. We can get 25 million more people covered at a cost only $40 billion more than current expenditures. It is doable."

The "Marts for individuals who didn't participate through employers or unions would take the place of nothing..." and would build "...on CALPERS and the Federal Employee models."

Dr. Corlin finds the opponents to the AMA plan at least interesting: the Left, who object because it "...doesn't solve the whole problem," and the Right, who worry that the "...government will take over," and answers them, "True" and "So what?" respectively; and in one case ironic: the health plans, which are afraid it will take away some of their bargaining power, are aligned with the Chambers of Commerce, whom he sees as the plans' surrogates – the payers (C of C members) and providers should be aligned together against the intermediaries (plans).

The advantages, according to Corlin, are that the plan increases fairness and coverage choice, empowers patient decision-making, is fiscally sound, affordable, and deliverable.

Signs that the passage of the plan is feasible include the facts that:

1) There are already "...7 bills in Congress regarding tax credits," and both Bush and Gore supported the concept.
2) Secretary Thompson at Health and Human Services, with whom the AMA will discuss the plan, has a record of control and honesty in Wisconsin. Surgeon General Satcher is similar.
3) Bush's "...plans in Texas have been doctor-favorable," so there

seem to be no ideological blockades.

4) Senator Breau has been a strong proponent, even though Senator Crist (an M.D.) has been a disappointment.
5) Congress no longer holds HMO's in much esteem. Dr. Corlin elaborated in the question and answer session that while HMO's received relief from some of the requirements of other insurers via the 1973 HMO Act, this was because the Kaiser Plan was considered good and therefore should be replicated. They lost their favored status, however

Dr. Corlin made clear that despite its emphasis on health insurance for all Americans, the AMA was going to keep on top of other important issues:

A) Except for "...the obstinacy of Senator Trent Lott last year," the patient bill of rights "...would have been passed." Corlin opined that Lott will pay heavily, though, since Slade Gorton of Washington lost his seat largely because of his opposition despite the fact that "...89% of the people in the State of Washington on public open polls wanted the bill of rights." Further, two very ill Republican senators are "...from states with democratic governors, and when they go there will be a Democratic governor replacing them." When the issue comes to a vote again, the Republicans are not likely to be in control, and the Democrats had already signed on prior to the defeat by the then majority Republicans.

B) Dr. Corlin also noted that President "...Bush announced that he was going to put forward a plan for a prescription-drug benefit for seniors," not "...tied to Medicare," as "...a down payment on the eventual plan." The AMA has to be vigilant because 1) "...as much as many of us like voluntary issues, a prescription drug benefit for Medicare will only work if it is mandatory. Otherwise there will be horrendous adverse selection. Every senior citizen who doesn't take drugs won't sign up for it. Those who are on 4 or 5 medicines will sign up for it, and you can't run a program that way," and 2) "...they can not make it part of Part A or Part B of Medicare, because we know what the Federal government's typical routine is, with regard to all issues involving health care, and that's the deadly triad of overpromise, underfund, and shift the blame. And if they make the prescription drug benefit part of either Part A of Part B, we will never be able to isolate out what are the true costs of pharmaceuticals."

C) In order to "...balance the playing field between physicians and health plans," the AMA will "...remain vigilant on the issue of antitrust reform for physicians."

D) Corollary to C), we have to be sure that premium dollars are spent on healthcare, and don't find their way into healthplan executives' pockets, or lavish advertising that adds no value.

Dennis S. Gordan, M.D.

Obituaries

John W. Pillion, M.D.
June 17, 1917 – March 13, 2001

John W. Pillion, M.D. passed away on March 13, 2001 in Fort Myers, Florida. He was 83. Born in Lawrence, MA, he received his medical degree from Middlesex University in 1945. He served in the US Army Medical Corps from 1952- 1954. Doctor Pillion was an anesthesiologist at the Holyoke Hospital and resided in South Hadley prior to his retirement in Fort Myers in 1988.

Hampden District Medical Society Legal Forum "Medical/Legal Implications Of the "Patients' Bill of Rights" March 12, 2001

On March 12, 2001, over one hundred attendees were treated to a lively debate on the subject of the *Medical/Legal Implications of the "Patients' Bill of Rights"* at the Delaney House in Holyoke. The program was the ninth, Annual Forum of the Hampden District Medical Legal Society, a joint committee of the Hampden District Medical Society and the Hampden County Bar Association. Attorney John G. Bagley of Morrison, Mahoney & Miller in Springfield moderated the program. The featured speakers were Congressmen Richard Neal and John Olver. Also participating were Senator Brian Lees, Susan Fenelon-Kerr of Mercy Medical Center, Alex Calcagno of the Massachusetts Medical Society, and Attorneys Melinda Phelps, Paul Rothschild and Elizabeth Mulvey.

The debate was both entertaining and informative. Congressman Neal provided an insider's view of the political football, which is at the heart of the efforts at the Federal level, to get a "Patients' Bill of Rights" passed. He painted a picture of the present administration dragging its feet so as to protect the interest of the managed care lobby. It is Congressman Neal's opinion that it is unlikely that a meaningful "Patients' Bill of Rights" will be passed during the next four years.

A point of agreement among the panelists, even lawyers who are on opposite sides of medical malpractice cases, was that the present system makes the individual physician bear a disproportionate burden of responsibility for clinical decisions. Under current State and Federal law, it is very difficult for a patient to sue an HMO directly. Therefore, patients will bring lawsuits against physicians for decisions which are made under restrictions placed upon them by the managed care organization. It was also agreed by all that physicians should continue to lobby their legislators and to urge that in any "Patients' Bill of Rights", physicians should be given protections when their treatment decisions are being dictated by the terms of a managed care contact.

The Medico-Legal Committee will be meeting shortly to discuss a topic for next year's forum. Any thoughts or suggestions can be forwarded to Suzanne at the District Society office.

John G. Bagley, Esquire, Co-Chair
Medico-Legal Committee

****

ATTENTION!!! DOCTORS!!! ATTENTION!!!

Don't Forget to Contact the HDMS Office if you change your medical office/practice address to be sure your file is updated.

ATTENTION!!! DOCTORS!!! ATTENTION!!!

****

WELCOME NEW MEMBERS

INTERNAL MEDICINE
Purnima Adlakha
Rodrigo Salazar
Greta Boynton
Diego Antonio Morreale
Rose A. Shorter
Michael R. Verrilli
Jonathan S. Lovins
Kenneth Santiago
Dhanesh Dookhran
Eva Karacsonyi
Balaji Padmanabhan
Aleksandr D. Pugach
Krishna K. Susarla
Kathleen M. McGraw
Scott M. Barnett

OB/GYN
David E. Seubert
Sarah C. Ellestad

PEDIATRICS
James A Bell
Philippa G Sprinz
Navneet Marwaha

GENERAL SURGERY
Gregory T. Banever
John D. Kasper

RADIOLOGY
Gregory E. Blackman
Vivian Miller
Patrick Barnett
David E. March
Shan Li

EMERGENCY MEDICINE
Kim Robert Krach

CARDIOLOGY
Thomas I. Knox

ORTHOPEDICS
Catherine M. Spath
Philip W. Mack

TRANSITIONAL YEAR
Grace C. Chang

HDMS PROUDLY WELCOMES OUR PROFESSIONAL COLLEAGUES

****

SENIOR STATUS

Stanley J. Swierzewski, Jr.
James G. Fitzpatrick
Eric Rosenthal
Enzo V. DiGiacomo
Leandre W. Giguere
George A. Pelletier

****

"HDMS Congratulates Our 50 Year Members" 1951 – 2001

Joseph C. Creed, M.D.
Joseph T. Giammalvo, M.D.
Irving Hoff, M.D.
Leslie M. Parent, M.D.
John J. Quinn, M.D.
Emanuel Wiedman, M.D.

How many more years will we have the honor of being able to present this Award of Achievement? Fifty years as a member of Hampden District Medical Society translates into many more years in medicine itself. With the changing healthcare environment and mounting pressures on the profession, physicians are diversifying their interests and are learning that life does exist outside of medicine.

This year we have six Fifty-Year Members who dedicated their careers to helping others. They are the physicians who taught the next generation of physicians who passed their knowledge on to the next, and …so on…They are the link in the continuum of time reaching back to Hippocrates and forward to discoveries yet to be made by physicians yet to be born.

Apropos to the concept on time, on behalf of Hampden District Medical Society, our Fifty-year Members were presented a mantel clock, personalized with a brass nameplate acknowledging their achievement along with a Fifty-Year Certificate.

Four of our Fifty-year members were unable to attend the Annual Meeting. Their clocks and certificates were mailed to them. We were pleased to be able to honor Irving Hoff, M.D. and Leslie Parent, M.D. at the Annual Meeting. Dr. Rao presented them with their gifts and certificates. The membership gave them a standing ovation for their achievement.

****

Health Care for Everyone: Is It Possible?

This was a conference put on by the Massachusetts Medical Society in Boston on October 28th, 2000. Increasing dissatisfaction is occurring in providers, payers, business, and consumers. Costs and premiums are increasing. HMO's are stopping coverage for seniors who are having an increasing difficult time paying for medications. While Massachusetts has made progress in providing coverage for children, we still have 300 – 500, 000 people uninsured, and many more underinsured. This state of affairs affects everyone, because even if you have good insurance the doctor can only spend so much time with you, the hospitals limit your time, have decreased nursing personnel, and good home care is getting difficult to find.

How do we provide more coverage in a fiscally responsible way? This Conference had four presenters each advocating a different approach. After each presentation a panel of four people responded, and then there was time for rebuttal. In addition we had a manual about one and a half inches thick

containing reprints and summaries. About seven hundred people attended mostly MD's.

The reader should be forewarned that the writer is a strong advocate of the single payer system. He has done his best to give an impartial review. **Your letters to the editor on this general subject would help stimulate discussion and thought about a major societal problem.**

Charles Baker, CEO of Harvard Pilgrim Health Care and Under Secretary for Health in the Weld administration, stated that most people like it the way it is. They are afraid of change. I.e. while they might like the idea of Universal Health Care theoretically, they wouldn't want to change their plan. One huge plan like Medicare has its problems. He directly had to cope with 30,000 pages of regulations with updates every six weeks! Retroactive and must comply in 30 days! Any change that takes power or money away from someone will be resisted, which will take money to over come. The transition to a single payer system would be painful. Incrementalism can work: uninsured rate in Massachusetts has fallen from 8% in '98 to 6% in '00, and uninsured rate among children from 6% in '98 to 3% in '00.

Mr. Baker favors competition where companies can offer different products that meet the needs of individuals and gives them choice. In his talk he mentions 10-15% administrative costs; on an aside later he admitted that for profit HMO's had a higher overhead. A handsome six foot five man with a command of figures, Mr. Baker was an imposing figure.

The first responder John McDonough, Ph.D., associate professor at Brandies University and former health committee chairman at the Massachusetts legislature, advocated for incremental change saying the larger the change the more opposition leading to political statement. He noted that universal care for children received support, and says he and others are working on a plan where increasing the tax on cigarettes less than 200% of poverty, can cover people at. Mr. McDonough came with much experience, and started each response with some Zen wisdom: Before confronting someone walk a mile in their shoes, then you are a mile away and have their shoes!

Stuart Butler, Ph.D., VP Domestic and Economic Policy at Heritage Foundation, points out the inequities in the tax system. A person who obtains health insurance through the work place is not taxed on the portion of his "pay" that went for the cost of that insurance, but if he pays for his own individual plan he is taxed on the same amount of money. As a consequence, given the option, people will get their insurance through their employer who then negotiates with various insurance companies for the best plan at the least cost. Meanwhile, the "patient" has no say. Mr. Butler recommends changing this so that individuals have more say by giving the benefit to the individual who then decides what plan to but and receives the same tax break.

Karen Davis, Ph.D., President: The Commonwealth Fund, NY states that while the current system has faults, it would be too costly to change. I.e. too many people will lose and they will oppose any change aggressively. Plus the general population is satisfied, i.e. 75% of workers like their plan and feel that their employer advocates for them.

The last respondent Christopher Lydon, journalist and radio talk show host, disagreed saying that many people are upset about the system. He makes the analogy to the Fire Department that doesn't check to see if you have coverage before putting out the fire. Everyone needs to be covered the question is how? Many will say well look at the Clintons. But the Clintons never really challenged the insurance companies. They never talked to the public, but kept everything secret, and then there were the Jennifer Flowers distraction. So the lesson isn't that it can't be done, but you need to go about it a different way and be ethical in the rest of your life so you can focus on the issue.

The second presenter David Himmelstein, Chief of Social and Community Medicine, Cambridge Hospital, advocated very strongly for a single payer system, i.e. one public nonprofit insurance company that covers all medical expenses and collects all the revenue of the citizens of the state. He points out that there are more uninsured than commonly thought because many don't have phones, and can't be surveyed by usual means. We are currently paying more in our public money for health care than Canada is paying for their whole program! Even with Canada spending so much less there is no peer review research to show that their outcomes are any worst, and a number showing that they are doing better, i.e. life expectancy is two years longer, infant deaths 25% lower, plus having free choice of doctor and hospital, and universal coverage. This isn't to say that Canada doesn't have its problems. In the '90's lobbies pushed the legislature to decrease taxes and so hospital beds were reduced by 30% resulting in the delays of care that we have heard about. We should learn from this and have a single payer system set up in some standard way connected to price increases and not decided by the legislature. We can cover all citizens by having a single payer saving on administrative costs and spending it on actually delivering health care.

Dr. Himmelstein is a small bearded unimposing man in a leather jacket who becomes very energized once he starts talking. He is very articulate, provocative and was the most passionate speaker backed with the most statistics that were reproduced in forty-four pages in the manual.

Dr. McDonough pointed out that it is very difficult to predict what such a plan would cost, and raised questions about the two studies that the Massachusetts Medical Society sponsored which showed that the single payer system would cost less than the current system. He pointed out that California said no to such a system by 73% to 27%, and Vermont health committee in '94 also said no when they studied the costs.

Dr. Butler raised the question of who would set the limits, and predicted that such a system would create a new industry of lobbyist for professionals to lobby on what is covered. It is a major problem to move away from an employer based system. Dr. Davis said the current system is working, we can make it better by expanding public coverage to those that need it.

Mr. Lydon agreed with the idea of a single payer idea, and would like to see a system where Medicare and Medicaid worked better together.

Dr. Himmelstein in his rebuttal pointed out that many people don't trust the government, yet implicitly trust the insurance companies where they have no vote, and no public information on how they make their decisions. Our

government has done great things like civil rights, Medicare, and Social Security. We can learn from other governments that have taken on this job, and make a system that we can feel proud of. On the issue of the government being a monopoly in a single payer system; the current system creates monopolies in area, i.e. Pittsfield will soon have just one hospital, and even metropolitan areas are moving toward 3-4 insurance companies.

The third presenter Greg Scandlen, Senior Fellow in Health Policy, National Center for Policy Analysis, Washington, didn't address the issue of how to provide Universal Care. And he stated that up front. He was advocating for individual choice and the use of a medical savings account. As a way to fund non-covered services whatever system we have. This would give the individual choice and ability to shop for best value. Money put in would be taxed deducted, and could roll over from year to year. He gave a lot of figures to support his position. The current pilot program puts too many limits and is not a fair trial of what could be done. He advocates making it available to all, making it not tied to deductibles, and allowing employers to contribute in what is called "defined contribution" which is the amount the employer agrees to pay the employee for use to buy health insurance or put into a MSA. The employer would then not provide any health insurance. All this leads to a consumer-driven health care delivery. (The fourth presentation of tax credits supplements this plan.)

My notes do not adequately reflect the respondents' views. Only one stands out and that was Dr. Davis stating that the MSA system would need to find a way for everyone to participate to make this fair. Others have pointed out that MSA's don't work for the very sick.

Mr. Scandlen agreed that subsidies would be needed for the vulnerable and reform in Medicare/Medicaid. He pointed out that we are a diverse nation and people want different things, they want choice and most people are able and willing to pay for this. He pointed to studies showing that 80% of employees would have 50% of their total contribution left at retirement and only 5% would have less than 20%. He claims that the sick would be better off with a MSA program.

The fourth presenter Eugene S. Ogrod, MD, Chief Medical Officer, Sutter Medical Group, Sacramento, CA advocated for individual choice and control. We need health plans that are flexible and meet individual needs. Dr. Osgrod advocated for tax credits and insurance "marts" where individuals and small businesses can go to purchase insurance plans and be able to obtain low premiums. Incentives would be created to induce the participation of insurance companies in these "marts" increasing competition and efficiency to help control costs and provides quality. Adverse selection problems should be compensated for. Defined contributions from employers would be used to pay individual premiums, and focus tax subsidy to help low income patients, and by giving the power and decisions back to individuals you build patient-physician relationship increasing trust.

This is the AMA plan that you have or will hear more about. The tax credit should be inversely related to income from 100% for people at the federal poverty level decreasing to zero at $100,000. That tax credit is higher than their tax liability would get a refund. Those credits are fixed for the income group and family size and not dependent on the amount of insurance picked so that over insurance is avoided. The credit is only given if the person buys insurance, or MSA. It would not cover out of the pocket expenses. Separate subsidies would need to be developed for people with chronic disease and/or catastrophe health problems needing atypically high out of pocket expenses. Each person would decide what plan to buy giving power and responsibility back to the individual.

The AMA plan gives five tax credit scenarios. The one that covers 93% of the population, with tax credit of $2000 for individual and $4000 for family, would cost the Federal Government $56 billion in additional money. A survey showed that 53% of the people are willing to pay $30 - $50 more per month to expand health insurance to almost all people.

Dr. McDonough pointed out the tax credit would need to be very high to matter, and still would only induce 27% of the poor to come into the program. Several other points: the market for individual coverage has the highest cost; watch out when the term defined contribution is used, make sure you know what it means and whether it will allow you to buy the plan you want.

Dr. Butler endorsed the plan saying it is a way to make a more far tax system allowing more people to obtain a health care tax benefit not just employees of large companies. It also would allow these employees to go other places if they choose, and allow large companies to insure people who don't work for them. Politically it has an advantage in that it has bipartisan support.

Dr. Davis was strongly critical. She stated that employers give employees a certain amount of choice, that individual plans cost 10 – 15% more than group plans, compromises only 6% of the market, and are hard to get if you have medical problems. Bush's proposal of $1000 in tax credit would only pay 50% of standard coverage for a 25 year-old, and only 12% for a 60 year-old.

In rebuttal Dr. Ogrod admitted that it would only work if individuals could get into large plans, and would need additional funding to help with premiums for poorer people.

Editorial comment: The Conference not only highlighted our current problems, but also reviewed our accomplishments which are substantial not only in technical advances but also in coverage of increasing numbers of people, particularly children. Even managed Care and non-profit HMO's have made positive contributions in making the cost issue clearer to practitioners and patients, plus experimenting with ways to control cost while maintaining quality.

Proposals three and four are creative ideas to empower individuals and provide coverage for more people while building patient physician relationships. However, both use the current market place approach. Is competition the best approach for the delivery of medical care? As we have seen the playing field evolve in Massachusetts, are we finding competition or domination by large sometimes-national companies? It is true that staying with the basic structure of the current system would not precipitate resistance, and keeps multiple players in the game, but at what cost? The fourth plan would cost $65 billion in new money! Are people really ready to pay this? It also would mean that people earning over $100,000 would have no tax deduction for their health insurance premiums. Would they support such a plan? On the other end of the economic spectrum how much

insurance would someone be able to obtain for $2,000 for an individual or $4,000 for a family? How many would be willing/able to put up the extra money to buy comprehensive coverage? If they had to purchase plans with high deductibles and high co-pays, how would they pay the rest? Who is going to take on the high-risk patient? The elderly? How would this system keep drug cost down? And finally, we would still have the high administrative costs for providers as well as payers to say nothing about the multiple manage care companies physicians would still need to deal with. Is this the system that we want to pass on to the next generation of physicians? To our grandchildren?

As you have anticipated I think the second plan answers many of these problems. The difficulty would be countering the resistance of those that would "lose". Provisions can be made for retaining people in the insurance industry, a transition time, and many would be needed in the new agency. It will hurt, but it will hurt more later.

None of these plans decrease the rising cost of the basic delivery of health care. Our scientific advances help more people, but also cost more. Rationing of health care is going on now, but not by any planned way. We need an open process with input from all the players to decide what we are willing to pay for. The only fair way then would be for everyone to be in the same plan pooling all the risks, and making everyone have a stake in this plan delivering quality care.

I was very impressed with the structure of the program, and the quality of the presentations. We can feel proud of our State Medical Society for sponsoring this conference.

I'm looking forward to those letters to the editor.

H. Douglas Barnshaw, M.D.
Public Health Committee member

****

What Legislation is Doing for Patient Care

The Massachusetts Medical Society Department of Government Relations serves as your eyes, ears and voice, both on Beacon Hill and Capitol Hill. Although much of what happens in Boston or Washington eventually impacts dramatically on the practice of medicine, it is impossible for practicing physicians to maintain constant vigilance. That ís why the activities of the Government Relations staff are so important.

The activities of this department fall into several broad categories:

1. Monitoring the activities of the Massachusetts and Federal legislatures.

At every session, there are between 1000 and 1500 bills filed in the Massachusetts legislature that have some relationship to health care. Between 100 and 150 of these have direct impact on physician practice or patient care. These are discussed by the Committee on Legislation, background material is prepared, and the Massachusetts Medical Society leadership gives testimony. An additional 200 are followed closely. Lobbyists for the Society meet daily with Legislators and their staffs to educate them about issues of importance to physicians and their patients. The Society also has a representative to the Massachusetts congressional delegation in Washington, D.C., who works closely with representatives from other states and the American Medical Association to monitor Federal legislative actions.

2. Liaison with administrative agencies.

So much of the day-to-day practice of medicine is governed not by legislation, but by administrative rules and regulations. Having input into the formulation of those rules is crucial to minimizing their burden on physician's practices. The Massachusetts Medical Society has a lawyer well versed in administrative law who serves as liaison to the executive branch.

3. Advocating for Massachusetts Physicians.

Each year, the Massachusetts Medical Society House of Delegates passes several resolutions requesting the passage of special legislation. It is the responsibility of the Government Relations staff to prepare the legislation, complete the process of filing the legislation, and prepare testimony for presentation before the legislature.

4. Maintain an informed Society.

This is arguably one of the most important responsibilities of the Department. Physicians do not enjoy the financial resources of other major health care interests. We do have the advantage that we (literally) take the pulse of our patients. In its role as patient advocate, the Society can be a potent force. The passage of Chapter 141 of the Acts of 2000, which improved the rights of patients relative to managed care organizations, is the most visible of many successful efforts by the Society. It is important to recognize that these victories are possible only with the concerted efforts of a large grass-roots effort involving physicians in conjunction with other patient advocacy organizations.

The price of continuing success is constant vigilance. The Massachusetts Medical Society Department of Government Relations stands in for us, but we all must continue to work with them to protect the interests of our patients and us.

By: Stephen A. Metz, M.D.
HDMS Legislative Chair

****

Calling for nominations for:

"Hampden District Medical Society Oliver Wendell Holmes, M.D. Stethoscope Award"

Candidates for this award are selected for their wit and philosophy of the practicing physician. Francis James Riley, M.D. was the 1st HDMS recipient in 2000. This year's award will be presented at the Fall District Meeting.

Please submit your nominations with a supporting letter By: August 1, 2001 to:

Suzanne Skibinski, Executive Director HDMS
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089

James K. Wang, M.D.
Named 2001-2002 President
of Hampden District Medical Society

Dr. James K. Wang, a physician with Women's Health Associates, recently was named president of the Hampden District Medical Society. His is a graduate of Tufts University School of Medicine in Boston and completed his residency in Obstetrics and Gynecology at Baystate Medical Center. Dr. Wang is a fellow of the American College of Obstetrics and Gynecology and is certified by the American Board of Obstetrics and Gynecology. He maintains staff privileges at Mercy, Noble and Baystate Medical Center where he is an Assistant Clinical Professor of Tufts Medical School. Dr. Wang has served as Vice President of the Hampden District Medical Society and represents the District as a Delegate at the Massachusetts Medical Society's House of Delegates. He also serves as Vice Chairman of the Massachusetts Medical Society Committee on Maternal and Perinatal Welfare.

Dr. Wang resides in Southwick with his wife and two daughters.

A Proposal from Our New President

In June, I proposed that the Hampden District Medical Society orchestrate a multi-faceted, campaign targeting teenage substance abuse. This campaign would be spearheaded by the District Society with associated affiliations with community departments of health, school committees, and existing programs such as DARE, MADD, and SADD. In addition, affiliations with local hospitals, businesses and chamber of commerce groups could be established to provide forums and donations for developing and implementing the educational programs. It is hoped that the campaign would include sponsored events, outreach program in which physicians would speak at schools, and multi-media public service announcements. I have chosen this topic because I feel that this is an issue that truly effects every medical specialty, every family, and every person in our community. I hope that a campaign such as this would help to educate physicians and other health care providers as well as the general public about the issues surrounding substance abuse. Also, I feel that the public campaign sponsored by Hampden District will enable us to voice other concerns about health care issues, particularly those surrounding a patient bill of rights and HMO, Medicare, and Medicaid regulations, restrictions, and reimbursements. At this time, physicians do not have the back of the public on these issues. They are angry and they want reform, but they do not know how or what to ask for. A strong alliance needs to be forged between our patients and ourselves in order to direct appropriate health care reform. I believe a public service campaign such as this is a step toward that alliance.

James K. Wang, M.D.

Past Presidents, Members Take Note...
Scholarship Drive:

HDMS University Arm Chair
$330.00 Total includes shipping.
Or
HDMS Boston Rocker
$330.00 Total

The cost of each chair includes a tax-deductible gift of $50 for the HDMS Scholarship Fund.

Use form below and mail with check made out to HDMS.
Send to:

Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, MA 01089

Ship to:

Phone # (required) Home_____Office_____

Fax#_____

Name_____

Address_____

_____

☐Boston Rocker ☐Captain's Chair

Sorry, no phone, fax, or credit card orders.

Choose a lazer engraved HDMS ensignia, black solid maple hardwood Boston rocker or captain's chair (with arms & crown in a cherry finish), brass plate with name on back of chair.

Annual Meeting
April 17, 2001
"Editorial and Publication Process", at the New England Journal of Medicine

The District's Annual meeting was held on April 17, 2001 at The Delaney House in Holyoke. Dr. Rao, President, welcomed the guests and asked for a moment of silence for all of the members who were deceased during the year. A brief Auditors report was read and a vote was taken to accept the 2001-2002 Nomination slate. To remain consistent with the Bylaws of the Massachusetts Medical Society, an amendment was voted on and accepted to state that the Annual meeting shall be held at least one week, not three weeks before the Annual meeting of the MMS.

During a slide presentation, Dr. Rao gave his annual message reflecting on the many programs and awards presented over the past year. Before handing over the Presidential gavel to Dr. James Wang, incoming President, Dr. Wang presented Dr. Rao with a Presidential Chair in appreciation from the members. Dr. Leslie Parent and Dr. Irving Hoff, two of the six 50-Year members attending, were awarded engraved mantle clocks for this milestone. Dr. Rao was selected to receive the 2001 MMS and District Community Clinician of the Year award. Dr. Stanley Glasser, Dr. Rao's friend and partner for 20 years, presented him with a plaque.

The guest speaker for the evening was Dr. Jeffrey Drazen, editor-in-chief of the New England Journal of Medicine. Dr. Drazen's presentation explained the "Editorial and Publication Process," at the New England Journal of Medicine. Dr. Drazen took the members through the process of why and how they choose the papers that are published. The NEJM receives 3600 manuscripts a year. They arrive on an average of 18 each working day; 2600 are original and 1000 are other types. The only papers published are the ones that will change clinical practice, teach something new and important about the biology of a disease and papers that are of interest to a wide variety of clinicians. Dr. Drazen expressed that the size of the article did not matter, only that the message counts. He stated that many factors go into the process of selecting articles to be printed. First the editors meet and reject 58% of the articles submitted. 1% of the articles are called willing rejections, which means that the editors are interested but the article needs a lot of work. 7% are accepted after revision and 1% will be accepted with minor revision. Dr. Drazen said that a total acceptance is a very rare event. He explained that the three major reasons for rejection are the quality of the article, a previously published article, and an article that belongs in a specialty journal. After a revision process, the final decision is made whether to publish the article. If the article is chosen to be published, the manuscript is edited, proofread, references are checked, the author is contacted, page is created and then it is published in the New England Journal of Medicine. Sixty-nine people work on getting the Journal out every week, 120,640 person/hours per year. There are 550 articles published for a total of 220 person/hours for each article published.

Following Dr. Drazen's very interesting talk Dr. Jay Unger, a Hampden member, presented a magical de-stressing program, "Fun with Magic." Dr. Unger delighted the audience with his slight-of-hand magic tricks and even had a little help from colleagues, Dr. Claudia Koppelman and Dr. & Mrs. Stephen Metz. Dr. Ungar believes that most of his patients sit through their medical appointment so they can get to the part that they are really looking forward to, the magic show. Dr. Ungar started doing magic in the 1st grade and has performed in Las Vegas and Los Angeles where he received a standing ovation. He has performed in area hospitals and for various benefits, most recently for the Jimmy Fund. Dr. Unger practices at the Jewish Geriatric Services and Family Medical Care Center in Longmeadow.

AMA NATIONAL LEADERSHIP CONFERNCE

Traditionally HDMS sends their President-elect to the AMA National Leadership Conference and this year we were proud to have Dr. James K. Wang represent us. The conference was held March 3-6, 2001 in Washington, DC. The overall theme of this year's meeting was:

"Medicine's Agenda for the Millennium"

"In the ever-changing world of medicine, the burden rests on all physicians and especially physician leaders to stay on top of the changes that are, even as we speak, shaping what medicine is and shall be." (Quote from D. Ted Lewers, M.D., Chair, of the American Medical Association.)

In early March, under the threat of a late winter blizzard, the American Medical Association held its 2001 National Leadership Conference (NLC) in Washington, D.C. The conference focused on "Medicine's Agenda for the Millennium", and reviewed three essential AMA priorities: Leadership in the Profession, Leadership in Washington, and Leadership in Global Public Health.

D. Ted Lewers, Chair of the AMA, stressed the important responsibility that physicians have in keeping abreast of issues regarding the regulation and governance of medical care. He highlighted the role that physicians have taken in striving to achieve managed care reform, anti-trust relief, and patient rights legislation. Dr. Lewers charged physicians with the task of continuing to work for a change in the current system to make it fair for patients and physicians.

Alan E Guttmacher, M.D., senior clinical advisor on the Human Genome Project, discussed the need for consideration of the ethical issues associated with the information obtained as a result of the success of the project. He urged physicians to pay attention to patient privacy rights and informed consent issues, potential discrimination, and advances in genetic testing and treatment.

Former Ohio Congressman John Kasich commended physicians in the leadership role they assume in providing exceptional healthcare in this country. He related how his experiences as a son, losing parents, and a father welcoming newborns led to interactions with physicians that made lasting impressions. He urged all physicians to continue to raise their "ability to take control and show compassion."

Politically, the AMA announced strong support for the Medicare Education and Reform Fairness Act (MERFA). This legislation is intended to reduce the intimidating and formidable red tape involved in complying with Medicare guidelines. It allows physicians to focus on patient care, rather than paperwork.

MERFA would reduce some of the onerous requirements in documentation that are required under current Medicare regulations. It provides modest reform of Medicare audit practices for physicians by providing guaranteed due process rights, including appeals. It would prevent Medicare from "extrapolating" errors in billing to other Medicare claims as it stands; one incorrect billing can lead to an automatic, non-reviewed "correction" in all previous Medicare claims. MERFA also prohibits HCFA from requiring that the physician repay overpayments until fair determination has been made. Currently repayment is due within 60 days, even if an appeal has been filed. Additionally, MERFA provides reasonable options for the appeals process. Present regulations stipulate a chart audit of a "statistically valid random sample" be performed - usually closing a practice down for days.

The AMA also presented its proposal to expand health insurance to the uninsured and under-insured. The AMA plan calls for tax credits for the purchase of health insurance by individuals or families who purchase health insurance. This would allow redirection of the current subsidy of health insurance from higher to lower income groups. Based on the proposal, both employees and employers may benefit from the plan, as it will present other health insurance options to the employer-sponsored model.

The fight for a meaningful "Patients' Bill of Rights" continues. President Bush has outlined principles for a "Bill of Rights", many which mirror those set forth by the AMA. These include: "Medical necessity" is to be determined by physicians, not health plan bureaucrats. Patients have access to timely, independent, and binding appeals processes when benefits have been denied. Health plans are held accountable for their decisions. Patients may have legal recourse against managed care plans under state law when the plan's negligent medical decisions lead to injury or death. Patients may have the option for point of service care to have appropriate access to specialists. A "prudent layperson standard" would be in effect for when a patient may obtain emergency medical care, which the plan must cover. Currently, the McCain-Edwards Senate Bill 283/284 and Ganske-Dingell House Resolution 526 encompasses the AMA's Patients' Bill of Rights principles.

AMA President Randolph D. Smoak, Jr., MD discussed the challenges in global health facing medicine and public health. There is continued concern about the rapid spread of infectious diseases including HIV and tuberculosis.

Antibiotic resistance is a worldwide problem; not one just facing developed countries. With the aggressive campaign against tobacco in the US, there is a rapid and organized spread of tobacco products in other countries. The AMA has aligned with the World Health Organization to try to reduce tobacco use worldwide. Dr. Smoak stressed the need to develop and maintain global coalitions to address international health issues.

The Massachusetts Medical Society had a healthy representation of members attending the leadership conference. Led by MMS President Virginia Latham, M.D., members held private meetings with Senators Edward Kennedy and John Kerry.

Senator Kennedy thanked the Massachusetts physicians for their role in supporting managed care reform and patient privacy rights. He pledged continued support for aggressive managed care reform, Medicare reform, and improving access to medical care.

Senator Kerry is co-sponsor of the Medicare Education and Reform Act, and members discussed the importance of this bill. Physicians also relayed the difficulty that many groups are having in recruiting doctors to fill critical positions. Senator Kerry alluded to the statewide nursing shortage, and the formulation of legislation to address the problem.

MMS members also met with their individual U.S. Representatives and staff. During these meetings, members distributed copies of the recently released MMS publication, "Critical Condition: Physician Practices and the Future of Massachusetts Health Care". This booklet highlights important data obtained from two studies, commissioned by the MMS, which look at the state of health care reimbursements and services for physicians, hospitals, nursing homes, community health centers, mental health services, and home health visits.

Issues raised in the booklet served to open discussion regarding the crisis in medical care, the second largest industry in Massachusetts. The shortages in nursing and physician positions threaten patient care, but will also effect the Massachusetts economy.

While the blizzard never appeared in D.C., tempests of a different sort continue to loom in our future. It is crucial that we all remain vigilant and active in our pursuit of exemplary patient healthcare. Only now, it's not just the pill; it's also the politics.

James K. Wang, M.D., President 2001-2002

****

Area "Free and Reduced Rate" Clinics

Brightwood Health Riverview Clinic
380 Plainfield Street
Springfield, MA 01107
794-4458 (By: Appointment)

Springfield Southwest Community Health Center
1040 Main Street
Springfield, MA 01107
739-1100 (Walk-in)

Adult Internal Medicine Clinic
140 High Street
Springfield, MA 01199
794-2511 (Owned by Baystate Medical Center)

Pediatric Ambulatory Services
140 High Street
Springfield, MA 01199
794-2515 (Owned by Baystate Medical Center)

Mason Square Neighborhood Health Center
11 Wilbraham Road
Springfield, MA 01199 (Walk-in, Owned by Baystate)

Holyoke Health Center
30 Center Street (536-8761)
317 Maple Street (536-8711)
Holyoke, MA 01040 (Walk-ins: Emergency Care only)

****

ATTENTION PHYSICIANS!!! New prescription program, "Prescription Advantage", offered by State of Massachusetts

Please have your patients contact Gail Noe of the SHINE Program at 413-827-7649 or 1-800-243-4636, for more information.

The current "Pharmacy Plus Program" was scheduled to end March 31, 2001 and the "PHARMACY Program" (formerly Senior Pharmacy) is scheduled to end no later than September 30, 2001.

****

Fall District Meeting, September 27, 2000. "Organizational Barriers to Effective Pain Management" Dr. Scott S. Reuben, guest speaker.

Fall District Meeting. Dr. Robert Kasper accepting a gift from HDMS for being the recipent of the MMS, Henry Ingersoll Bowditch Award for *Excellence in Public Health.*

Fall District Meeting. Dr. K.V.R. Mohan Rao, President presenting New Member Certificate to Dr. Melissa Johnson.

Sixteenth Annual Medical Ethics Seminar. "Pain Management, An Integrated Approach" Dr. Alfred L. McKee, Jr., panel member.

Medical Ethics Seminar. Dr. Roland Stebbins (left) co-chair Medical Religious Committee and Dr. Lauren Shiova, guest speaker.

Enjoying the Alliance Holiday Party. Left to right: Judy Ingis, Melinda Thomas and Joan Asinas.

Sharing a break together at the Medical Ethics Seminar. Left to right: Sr. Margaret McCarthy, co-chair, Medical Religious Committee; Sr. Betsy Sullivan, panel member-Director of Mont Marie and Dr. Francis Murray.

Fall District Meeting. Dr. K.V.R. Mohan Rao, President and Dr. Charles A. Welch, MMS Vice President.

Fall District Meeting. Dr. K.V.R. Mohan Rao, President presenting Dr. Francis Riley with the First Annual Dr. Oliver Wendell Holmes, Stethoscope Award.

Winter District Meeting, January 30, 2001. "Health Insurance for All Americans-Can We Do It? Should We Do It? Dr. Richard F. Corlin, President-Elect, AMA.

Winter District Meeting. Helen Caulton Harris, Director of Springfield Health and Human Services, updating the members on "The AIDS Crisis."

Winter District Meeting. Dr. John E. McHugh (left) 2001 Senior Volunteer Physician of the Year accepting the award from Dr. K.V. R. Mohan Rao, President.

Winter District Meeting. Dr. George Hartnell and Dr. Julia Gates.

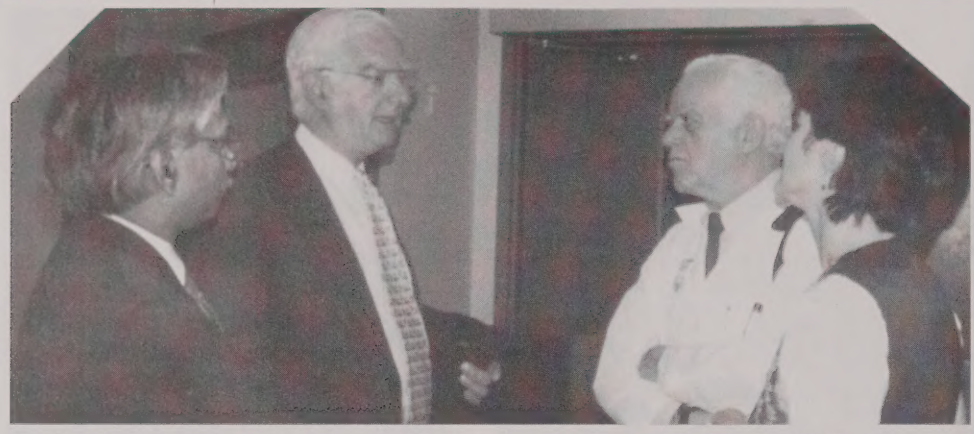
September 2000. Dr. Alonzo Sheffield accepting the MMS Senior Volunteer Physician of the Year award from Dr. Virginia Lathum, President MMS.

Dr. James Wang, President-Elect and Dr. K.V.R. Mohan Rao, President.

Winter District Meeting. Representative Gail Candaras and Dr. Douglas Barnshaw.

Representative Paul Caron making a call into Boston, supporting members on the Medicare/Medicaid Crossover Meeting held at the District Office on July 25, 2001.

Winter District Meeting. Dr. and Mrs. Francis Horrigan and Dr. James Wang, President-Elect.



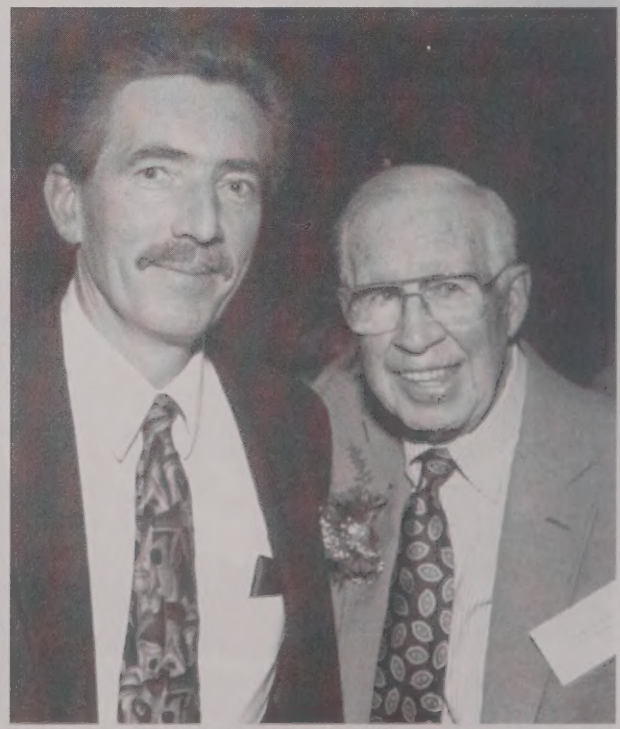
Touring the Endoscopy Laboratory at B.M.C., January 21, 2001. Left to right: Dr. K.V.R. Mohan Rao, Dr. Richard Corlin, AMA President Elect, Dr. Martin Broder and Nurse Liz Triebe.

MMS House of Delegates, Interim Meeting, November 2000. Dr. Joseph Bowldes (left) presenting Dr. John Kasper the MMS Henry Ingersoll Bowditch Award in Public Health on behalf of his father Robert.

May 2001 MMS House of Delegates. Dr. Mark Mullan and Dr. Maria Moutinho.

Senior Writing Workshop. Left to right: Dr. Walter Pacosa, Dr. Steve Daley and Dr. Doug Barnshaw.

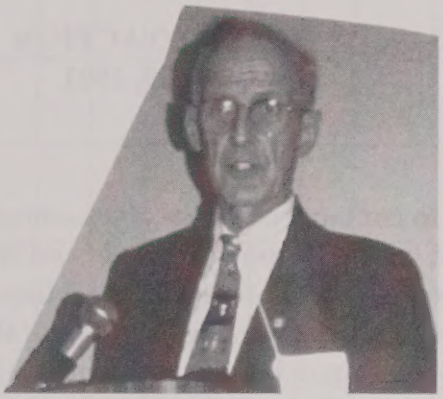
Alliance Dinner Get Together. Left to right: Dr. and Mrs. Kollegal Murthy, HDMS and Dr. and Mrs. Orhan Sevim, Worcester District.



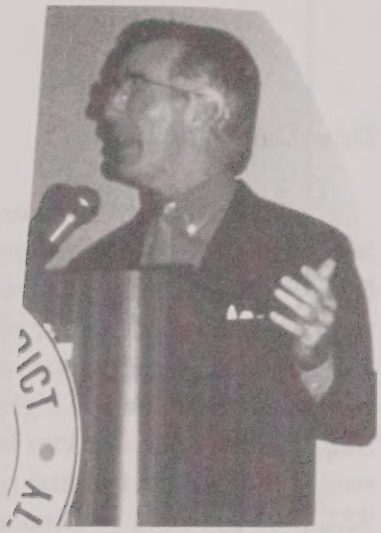
John Parent with his father, Dr. Leslie Parent, a 50 Year Awardee.

MMS House of Delegates, May 2001. Left to right: Dr. James Wang, Dr. Heather Sanky and Dr. Daniel George.

Attorney John Bagley, co-chair on the Medico-Legal Committee, Medico-Legal Forum, April 12, 2001.



Medical Legal Forum, April 2001. Congressman John W. Olver, "Implications of the Patient's Bill of Rights."



Medico-Legal Forum, April 12, 2001. "Medical, Legal Implications of the Patients Bill of Rights" Congressman Richard E. Neal.

Legislative Breakfast. Left to right: Steve Shestakofsky, MMS Director of State Legislation, Dr. Stephen A. Metz, Baystate Medical Center and Dr. James K. Wang.

Dr. Irving Hoff, 50 year awardee being congratulated by Dr. Andrew Levin.

Dr. Jay Unger, practicing his magical tricks for the members at their Annual Meeting, April 17, 2001.

April 17, 2001 Annual Meeting. Dr. Jeffrey Drazen, Editor, New England Journal of Medicine.

MMS Handwashing Mascot "Super Soapy" at the Health and Human Services Community Baby Shower and Pancake Breakfast in Springfield, May 2001.

CALL TO ACTION
July 19, 2001

Dear Colleague:

We are writing to urge you to contact your state representative and state senator and ask them to reject language in the state budget passed by the House that would end the state's coverage of Medicare co-payments for patients who are covered by Medicare and Medicaid. At a time when Medicaid rates do not cover the cost to provide the service for which they are reimbursing, it is deplorable that the House of Representatives would further seek to reduce payments. Accompanying this message is a fact sheet that explains the crossover payment issue and the legislative history. Please take the time and contact your local elected officials. The State House operator can be reached at 617-722-2000. If you are unsure of who your elected official is, or would like a direct phone number, please contact Charles Alagero at the Massachusetts Medical Society at 800-322-2303 ext 7001 or Stephen Shestakofsky at 800-322-2303 ext 7220.

Sincerely,

Francis X. Rockett, M.D.
President, Massachusetts Medical Society

Joseph C. Bergeron, M.D.
Chair, Committee on Legislation

MEDICAID CROSSOVER PAYMENTS

The Massachusetts Medical Society urges that the House withdraw from its support of Section 35 of the fiscal year 2002 State Budget incorporated in House Bill 4101. This provision repealed section 267 of chapter 127 of the acts of 1999. The Senate did not approve this provision. Approval of section 35 would allow the Division of Medical Assistance (DMA) to refuse to reimburse physicians and other health care providers for "crossover" claims.

What are "Crossover" claims? They are the co-payments and deductibles for Medicaid patients who are also eligible for Medicare.

Aren't Medicaid rates high enough already? No! Medicaid rates for paying physicians haven't been increased in a decade, while the cost of providing medical care has risen dramatically. **Medicaid rates don't cover the costs of providing the services they are paying for!** They are already 30% lower than benchmark Medicare rates. That means that **Medicaid rates are already $60 million below Medicare.**

What's wrong with the House Budget provision? The health care system in our state is in crisis. The result has been the closure of many of our community hospitals, nursing homes and physician practices. As the cost of providing health care has risen, reimbursement rates have stayed steady or have fallen. The net result is that health care providers are not able to maintain solvency. **It is generally accepted that *more* funding is necessary. This isn't the time to further make cuts in the health care system!** Section 35 of the House Budget would cut physician payments even more – by another $33 million a year!

How does this affect physicians? The practice of medicine requires that physicians have modern equipment and support services, and that offices be properly staffed. These expenses have substantially increased the cost of practicing medicine. As with any small business, as expenditures rise and reimbursements fall, physicians are unable to maintain their practices. **Many physician practices have already closed**. Many more are teetering on the brink of insolvency. California faced this situation and the result was the closure of hundreds of medical practices.

How does this affect patients? The closure of medical practices means:

- Increased **waiting times** for appointments
- **Finding a doctor** will become more difficult
- Attracting talented new physicians to Massachusetts practices will continue to falter, resulting in on-going **shortages of young physicians in the future**

What can legislators do? Urge the Conference Committee to reject section 35 of the House Budget. This won't solve the problem of inadequate Medicaid support for physician services, **but** it will keep things from getting far worse.

MASSACHUSETTS MEDICAL SOCIETY

HASSLE FACTOR FORM

MMS Member # _____

Date_____

INSTRUCTIONS: Please complete each section of this form, including as much specific information as possible. PLEASE PRINT.

Physician Name_____Specialty_____

Street _____City _____State _____Zip _____Phone (_____) _____Fax _____

Please check if you want your confidentiality maintained: ❑

Please Complete:

Name of insurance company, review firm, government agency, or managed care plan _____

Is this hassle a ❑ first-time problem with this plan?
❑ first time on this subject with this plan?
❑ recurring problem with this plan?
❑ recurring problem with this and other plans?

Total Time Estimate: Estimate the hours spent on this hassle
Staff Time (hours) _____
Physician Time (hours) _____

Check all that Apply:

Subject of Hassle		Subject of Hassle x		Actions Taken to Deal with Hassle	By Physician	Time spent	By Staff	Time spent
Denial or reduction of payment		Length of stay dispute		Make telephone call(s) How many? _____				
Delay of payment		Medical necessity review		Write letter and/or narrative report				
Repeat request for information about a patient		Quality of care review		Resubmit claims				
Referral management/denials		Prepayment review		Review office medical records				
Recoding or Downcoding of billed services		Concurrent review		Copy and send medical records				
Precertification of services		Postpayment review		Seek outside assistance				
Patient education – explain health plan coverage		Claim lost by carrier		Consult with colleagues				
Patient education – claims payment		Claim documentation		Retrieve, review, and send hospital medical records				
Medical record review (office or hospital)		Other (describe below)		Other (describe below)				

Description of Hassle

Add information you think would be helpful in documenting the nature of this hassle and/or its impact on your patients and medical practice.
Include any relevant documents (copies only) being respectful of patient confidentiality.

Please send completed form to: Hampden District Medical Society, 1111 Elm Street, West Springfield, MA 01089 or Fax to: 413-731-8990

Sample

"High School Doctor for a Day" Program Experiences a Very Successful 1st Year!

High School Doctor for a Day • March 15, 2001

Despite the plethora of current administrative, regulatory and reimbursement headaches we all suffer, the practice of medicine can still be a lot fun at times. From time to time something comes along which makes your day especially enjoyable, and one of those times is provided by the "High School Doctor for a Day" program run by the Hampden District Medical Society. What a pleasure it was to spend a day with a pleasant, bright, interested young student who aspires to be a neonatologist as did my student for the day, Deanna Choquette, a junior at Commerce High School in Springfield. Although, I don't think she was expecting to spend the day with an anesthesiologist, she knew what an anesthesiologist is and what he does in an operating room. When I was a junior in high school, my awareness of a medical career was limited to a very generic awareness of doctoring ... white coats, stethoscopes, threatening syringes with needles, surgeons who cut people, etc. Of course, when I was a junior in high school a few hundred years ago, ether had just been discovered.

After a warm, but appropriately awkward exchange of introductions between Deanna, her mother, and myself at the kickoff breakfast at Mercy Hospital, Deanna accompanied me to the Chestnut Ambulatory Surgery Center at Baystate Medical Center for a very busy day. Her very first encounter was with a very frightened patient in the preoperative preparation suite who had multiple concerns about minor complications related to previous anesthetics and surgeries. She saw that gentle, caring concern for a patient is critical not only in a doctor's office or at a hospital bedside, but also in an operating room environment. She was able to watch rapid inductions of unconsciousness, a variety of airway management issues and techniques, and the reawakening of patients who were happy, relieved, and comfortable. She watched gynecological surgery, breast surgery, and a laparoscopic cholecystectomy in the ambulatory center.

We left the Ambulatory Surgery Center to give her a broader view of the wide range of activities in which an anesthesiologist is involved. In Baystate Medical Center's main surgical operating rooms, she watched coronary bypass surgery in progress on a patient on cardiopulmonary bypass and a chronically ill six months old child being prepared for surgery. She saw the very sick patients in the Cardiac Surgical Intensive Care Unit and the Surgical Intensive Care Unit who required extensive monitoring and physiologic support. In the Wesson Women's building she saw women in comfortable labor receiving epidural analgesia and neonates in the Neonatal Intensive Care Unit. The final visit of this very busy day was to the Pain Management Center to watch the insertion and administration of cervical epidural therapy to a very appreciative patient.

At times I could tell that Deanna was swamped with new sights and information. But, by the end of the day she was more convinced than ever that she would continue to pursue her dream of becoming a neonatologist. I was convinced that I would do this again to have the pleasure of showing and teaching a student, a potential future physician, about the pleasures and privileges of a career in medicine.

Stephen Hall, M.D.
Springfield Anesthesia Services

On March 15, 2001, as part of the "High School Doctor for a Day" program, I had the pleasure of spending a day with Nicole M. Dominick, a senior at Agawam High School. We spent the entire day in the operating room.

On that day, I was scheduled to take care of a patient undergoing open- heart surgery. I was a little nervous about taking a high school student into this major procedure. In my experience, the visual, olfactory, and auditory input frequently made a novice a little green around the gills. Nicole proved me completely wrong. Not only did the surgery not bother her, but I feel she really enjoyed seeing such a big surgery.

Because of the nature of the case, we spent our time talking about the high tech aspects in medicine and the physiology and pathophysiology of the heart. Although she did not ask a lot of questions, shyness is an acceptable characteristic in teenagers, she clearly was interested and excited about what we were seeing and doing.

We also walked around the hospital in order for Nicole to gain a broader understanding of the role of the anesthesiologist. We saw and talked about the perioperative aspects involved in the care of the surgical patient. We went through the special pediatric areas, such as radiation medicine. Nicole was able to spend some time in the chronic pain clinic.

Overall, I found the day a most rewarding experience. If I can convince one student every year to pursue medicine, then when I get to the point where my generation is no longer practicing there will still be qualified physicians.

Melvin A. Cohen, M.D.
Springfield Anesthesia Services

I recently took part in the High School Doctor for a Day program and had just a wonderful time. I was matched with Jochebed Pink, a junior at Holyoke High School, and charged with exposing her to a day in my life as an OB/GYN. As I waited for her to arrive at the orientation breakfast at Mercy Hospital I found myself wishing I had changed my schedule so as to be on call that day. My fear was that

Jochebed would be bored in my office and would have more fun observing a delivery and rounding on women who had just given birth.

How pleasantly surprised I was with my entire experience. Jochebed is an extremely polite, very bright and motivated young woman who approached each patient with enthusiasm. While there were many patients who were uncomfortable having a student in the room during their visit, many more seemed very happy to be part of a young person's education. As a result, Jochebed got to watch a couple of annual exams, including the counseling that is such a big part of a well-woman visit. She met a few patients during their prenatal visits and got to listen to the fetal heartbeats. She observed a biopsy being done and, most impressive of all, a pessary change in a 94-year-old woman. In between visits she immersed herself in my medical books and asked questions about what she had seen and read.

Ultimately I found myself getting very excited to bring Jochebed into each room and show her something new. What had become rather a routine for me became something much more special when viewed through her eyes. The experience reminded me of all the reasons I originally chose a field in OB/GYN – reasons that continue to hold true but that don't come to mind during my day today routine. I am looking forward to having Jochebed join me some day when I am on call so she can experience yet another aspect of my wonderful career.

Charlene Case, MD
OB/GYN Associates of Springfield

Standing there, back in the corner, observing the doctors and nurses working feverishly, attempting to keep this human being alive, I smile. I am proud to be somehow part of this miraculous feat. How can it be that strangers can dedicate all of the time and effort to benefit that of another? Through science and initiative, a person can be pulled back into this world when all hope is lost. Men and women who do this on a regular basis in my book are heroes, as much of a hero as one could ever be.

Since I was old enough to comprehend, I wanted to somehow take part in helping people. Increasing the quality of ones' life sounds like a job that I would like to spend my life pursuing. Through my internship at Baystate Medical Center, I have the opportunity to view and assist patients who enter the recovery room from surgery roughly about fifteen hours a week. I see how much hard work and dedication is put into every single task. Whether drawing blood, or intibating a patient who's stopped breathing, every task must be met with precision and preciseness. A broadened mind is key in this field. Without proper training and in depth knowledge of the procedure at hand, a person's life could be in jeopardy. Through the High School Doctor for a Day Program, I feel I can further expand my knowledge in the field of medicine from the physician mentors. Hopefully, this will allow me to view even more job opportunities in which I may choose to pursue in future years.

A wise man once said, "Happy are those who dream dreams and are willing to pay the price to make them come true." If I am chosen for this program, the experience gained from this special day will hopefully benefit myself in the years to come. This will get me one step closer to achieving something that I can only view from a distance through my internship. My dream is to increase the quality of the life of another. A dream, I feel, is well worth the price and sacrifice.

Mark Richard Maciolek
Chicopee Comprehensive High School Senior

When I was younger, I swore that I would become a veterinarian. I could not stand to see animals in pain. I still remember when I was little; raising baby bunnies that had lost their mother and taking care of a bird that had a broken wing. Eventually, I grew out of that stage and decided that I would work for the Center for Disease Control and find a cure for cancer. I was certain that I would win a Nobel Peace Prize some day. After that infatuation subsided, I became determined to become a spy for the CIA, until I wrote a fourteen-page research paper on the job. I quickly found that being a spy wasn't all it was cracked up to be. I couldn't imagine myself hurting anyone, especially since I loved helping individuals. Finally, about two years ago, having watched the Learning Channel almost every day, I decided that I wanted to become a doctor.

When I heard about your program from my teacher, I was extremely excited because I've had a desire to shadow a doctor for quite a while, especially since I applied to college as a premed major. However, there are not many opportunities in this area to do so. I believe this is a great opportunity for me to see if a career in the medical field is really right for me.

When I first decided to go into the medical field, I wanted to be a surgeon. I used to always watch the interesting operations that aired on the Learning Channel. I loved the preciseness and patience that the doctors possessed as they performed an appendectomy or open heart surgery. However, I did not believe that this area suited my personality very well. Currently, I am interested in becoming an emergency room physician and I am an avid watcher of the Learning Channel's show Trauma: Life in the ER. I especially enjoy the show even more now, having learned medical terminology from my anatomy and physiology class and health careers class. I believe that this is a good career for me because I react to situations quickly, remain calm in stressful situations, and do not mind the sight of blood. I also enjoy the fast-paced atmosphere of emergency rooms. Although this is a likely course for me, I am also considering pediatrics since I enjoy working with children. Helping children, whether with their homework or whether putting a band-aid on their knee, is extremely satisfying.

I hope that you consider me for your "Doctor for a Day" program. I would be honored to participate in this program because it's not everyday that an opportunity like this comes up. I believe that it would be a fun and beneficial opportunity for me to decide whether a career in the medical field is really right for it and me would be a great learning experience.

Andrea Carvalho
Chicopee High School Senior

The Merriam-Webster Dictionary defines doctor as "a person holding one of the highest academic degrees (as a Ph.D.) conferred by a university". However, I have my own definition: a person who is compassionate, caring, and human. My sixteen years of doctor's appointments, physicals, and hospital visits have revealed that a doctor is not just a Ph.D. holder, but a real person; someone who commits their time to the benefit of others. Someone, I wish to emulate.

What do you want to be when you grow up? A question that has sounded in every person's ear since they were old enough to comprehend the meaning. My answer has always been to be a doctor. During my eleven years of school, I have refined the answer. Now, I do not just aspire to be a doctor, but a pediatrician, a life that would not only incorporate the science of medicine but also the art of children.

I would thoroughly enjoy being a pediatrician because not only would I be helping the children I attend to, I would also be serving as a role model for them. If it were not for the dedicated doctors of my youth, serving as examples of their strenuous field, I would not have thought twice about entering this profession. Therefore, by entering the area of pediatrics, I would not only be providing care to the youth of tomorrow but I would also be giving them guidance.

The "High School Doctor for a Day" program would provide me with the extra insight into this world that I have expressed such great interest. It would bring me beyond what I see from the examining table. My eyes would be open anew by taking part in the job shadowing, experience a doctor's routine. By seeing, witnessing, and being there first hand, I would be able to appreciate this

High School pg 26

JANUARY

SAVE THE DATE!!!

HAMPDEN DISTRICT MEDICAL SOCIETY

TUESDAY

SEPTEMBER 25, 2001

"Creating a Culture of Service Excellence"

Presented by:

Susan Keane Baker

Author of

Managing Patient Expectations

1.5 Hours in Category 1 Credit
Risk Management Study

Jointly Sponsored by the
Massachusetts Medical Society
And the
Hampden District Medical Society
****CME Credit/Accreditation**

2nd Annual Presentation of the
"Hampden District Medical Society
Oliver Wendell Holmes, M.D.
Stethoscope Award"

Place: **The Log Cabin Banquet & Meeting House**
500 Easthampton Road
Holyoke, MA

Time: **6:30 p.m.**

HAMPDEN DISTRICT MEDICAL SOCIETY 1840

With Special Thanks to the Purdue Frederick Company and Norvitas Pharmaceuticals for their unrestricted educational grants which have helped to make this program possible.

profession even more.
This day would be a serious study of my future. I would go about this with the same gravity and diligence as any school day. This is an amazing opportunity and I shall only work my hardest to meet this challenge. The "High School Doctor for a Day' program would provide an excellent chance to see what being a doctor, more rightfully, a pediatrician, is like. I am both very willing and very eager to participate.

Brendan O'Neill
Holyoke High School Junior

Becoming a doctor has been one of the dreams I wish would come true. Helping others help themselves has always made me feel good about myself. Being able to be there for a person makes my heart smile.
This program will suit me very well. I believe that if I am accepted into this program I can get a better sense of what I will soon be getting myself into. I would like having a hands-on experience with an actual doctor who can tell me what it is like to do what they do, be who they are. I like the role a doctor has someone there to help you, if you can not help yourself.
I have dealt with a lot of doctors in my own life, but I was on the receiving end of their care. I was in need of getting rid of my cancer. All of the doctors who helped me made me well. I am now better, due to their intelligence and the medicine they prescribed.
I want to give thanks to them and all who helped me – not in words, but action. I want to be able to help someone. I want to smile – not only on my face but also in my heart. I want to be something that matters – a doctor.

Celencia Hill-Gladden
High School of Commerce Junior

****

THE NEW ENGLAND NEUROSURGICAL SOCIETY 50 YEARS OF SERVICE

The Neurosurgeons of Hampden District have recently celebrated the 50th Anniversary Jubilee Meeting of the New England Neurosurgical Society in Boston on June 8, 2001. The members celebrated the founding of the oldest, continually active, regional society of its type in the United States.
The presentation of three clinical and neuro-scientific yearly since the Society's inception in 1951 is a unique record shared by few, if any other groups. The purpose has always been neurosurgical excellence for the benefit of our patients and our medical colleagues.

Samuel J. Brendler, M.D.

****

Report to the Hampden District Medical Society Retreat on Governance, part 2 March 15-16, 2001

There have now been two retreats conducted in response to a mandate from the House of Delegates of the MMS. The charge has been to study governance of the Society, and to determine whether changes need to be made in several areas: The relationship between the House of Delegates and the Board of Trustees; The management of the publications division; the number of committees; the future role of Districts. Out of the second retreat come the following conclusions:
There is general agreement that the House of Delegates, which is currently the fiduciary officer for the MMS, should become the policy-setting organ. The Board of Trustees would then be a Board of Directors with legal responsibility for the society's affairs, including overall fiduciary responsibility. There was much discussion about risks of this, in terms of contracting authority and liability, but these details can be worked out. The idea is that the HOD has disrupted the budgetary process by out-of-control fiscal notes in resolutions.

These can be controlled only by having the B.O.T. prioritize spending. If the HOD has an initiative that is not funded, they must report why back to the next HOD meeting. In addition, the HOD can overrule the B.O.T. on its priorities.
The future of districts was discussed. There is less consensus on this issue overall, considering the districts of Eastern Massachusetts, but we agreed in a western Massachusetts working group that the four districts could be combined into two, one focusing on the Connecticut river valley, allowing some efficiencies. We are concerned that this would result in a loss of voting at the BOT level, and we came up with a mechanism to allow alternatives to be appointed to reflect the current county-based representation.
We discussed the future of committees. There is agreement that there are too many committees. How to reduce the committees was a matter of difficulty, but a scheme was presented, and it likely will be reworked into a report to the next HOD. Basically, it will redistribute committees to board committees working for the BOT, standing committees (legislation, membership, publication), councils of committees (i.e. task forces, nutrition, violence) that will allow more efficient use of staff effort, and sections with committees representing subgroups of physicians (i.e. residents, women). The hope in this is to have less duplication when committees share concern and to facilitate sunsetting of committees. The member interest networks related to this are clearly in a state of evolution.
We learned that the publications operation has not been doing as well in the last two years as in the past, with some loss of readership of the NEJM and the failure of Hippocrates. This poses a financial problem: Money will be tight for the near future. This also creates the need to redesign the management of the publications division, and there was much discussion about how to do this, without coming to a final consensus.
From Western Mass were Claudia Koppelman, Heather Sankey, Donald Jackson, Rebecca Johnson, and Jeffrey Kaufman.

Submitted by:
Jeffrey Kaufman, M.D.

****

MMS Committee on Senior Volunteer Physicians

The goal of the Committee on Senior Volunteer Physicians (CSVP/ "Committee") is to utilize the experience and skills of senior and/or retired physicians to fulfill the medical and health education needs of communities throughout the state. Since its inception in 1994, the Committee has established the Health Center Program, Mentorship Program, and Education Outreach Program, enabling retired physicians to volunteer in their particular area of interest.
The Committee's Health Center Program makes it possible for licensed and insured volunteer physicians to provide health care to uninsured and under-served populations, in large part through its provision of professional liability insurance. The number of retired volunteer physicians participating in the program has steadily increased over the past few years and currently has fourteen physicians volunteering in free care clinics primarily in Boston, Worcester, and Cape Cod. In addition, the Committee regularly invites presentations from free care clinics and health centers to evaluate and identify their volunteer needs.
The Program has proved to be a highly rewarding and mutually benefiting experience for senior volunteer physicians, the programs in which they participate, and the patients they serve. Licensed physicians interested in participating in the Program are required to obtain Committee approval for the specific volunteer activity in which they are interested in participating. Upon Committee approval, the physician is also required to sign a Volunteer Agreement. In addition, the physician must supply proof that they are a licensed physician in Massachusetts, as well as obtain a letter of explanation from the physician overseeing their volunteer activity.
In light of its success, the Committee plans to expand the Program and remains dedicated to fulfilling their goal of providing quality health care to uninsured and under-served populations, exemplifying the Society's maxim, *Physicians Caring For Massachusetts.*
For more information about the Committee on Senior Volunteer Physicians, please contact, Erin Riley, MMS CSVP

****

HDMS ALLIANCE

*We have recently re-activated the **Hampden District Medical Society Auxiliary**, now referred to as the **Alliance;** the **Alliance** is comprised of the spouses of HDMS physicians. The goals of the organization are:*

To help the HDMS whenever possible.
To offer social events so medical spouses can meet.
To participate in community health related projects.
To become informed on health related legislative issues.

Please take a moment to fill in the form below and send it to the Society.

CLIP and RETURN TO:
Hampden District Medical Society
1111 Elm Street Suite 22
West Springfield, MA 01089-1540

Name:_____ Phone_____

Address:_____

I am interested in being a member of the HDMS Alliance ☐

****

Alliance Luncheon Hosted

Mrs. Joan Asinas, President, hosted an Alliance Luncheon at her home on Friday, April 27, 2001. This offered an opportunity for physician's spouses to meet new friends and explore activities and plans for the coming year. Beverly George, President and Nancy Ghareeb, President-elect of the Massachusetts Medical Society Alliance were present to speak about Alliance activities and materials. Attending the luncheon were: Helen Gallivan, Nora Willcutts, Jenny Pribula, Joan Konefal, Geraldine Courtney, Alice Cummings, Elizabeth Corcoran, Joan Hennessey, Jodi Ahnmark, Nancy Ghareeb, Beverly George, Suzanne Skibinski and Rosanna Czermak. Invitations were extended to physician's spouses in the Hampden and Hampshire District Medical Societies.
There have been subsequent meetings and a questionnaire has been mailed to all spouses. Please return them as soon as possible.

Pictured from left to right: Joan Asinas, HDMS President; Nancy Ghareeb, President MMS, Alliance; Suzanne Skibinski, Executive Director; and Jodi Ahnmark, Vice President.

Physicians and Office Staff...

Save the Date

for the

HAMPDEN DISTRICT FALL MEETING

Tuesday, September 25, 2001

"Creating a Culture of Service Excellence, A Seminar for Leaders in Health Care Organizations"

1.5 Hours in Category 1 Credit Risk Management Study, for Physicians

Jointly Sponsored by the

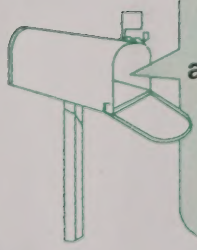
MASSACHUSETTS MEDICAL SOCIETY and the Hampden District Medical Society

Presented by Author and Educator:

Susan Keane Baker

The Hampden Hippocrat Newsletter
Hampden District Medical Society
1111 Elm Street, Suite 22
West Springfield, Ma 01089-1540

Presort Standard
U.S. Postage
PAID
Springfield, MA
PERMIT # 1128



Please contact us with address changes at: 413-736-0661.